

Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1087108

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:				API No. 15	5				
Name:				Spot Desc	cription:				
Address 1:					Sec 7	wp S.	R East West		
Address 2:					Feet from	North /	South Line of Section		
City:	State:	Zip:+		Feet from East / West Line of Section					
Contact Person:					Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					NE NW	SE	SW		
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathodi	ic	County:					
Water Supply Well	Other:	SWD Permit #:		-			Well #:		
ENHR Permit #: Gas Storage Permit #:					Date Well Completed:				
Is ACO-1 filed? Yes	No If not, is well	log attached? Yes	No				(Date)		
Producing Formation(s): List A	All (If needed attach another	sheet)		by:			(KCC District Agent's Name)		
Depth to	o Top: Botto	m: T.D		Plugging (Commenced:				
Depth to	o Top: Botto	m: T.D							
Depth to	o Top: Botto	m: T.D		r lugging C	Sompleted				
Show depth and thickness of	all water, oil and gas forma	ations.							
Oil, Gas or Wate	r Records		Casing F	Record (Surfa	ace, Conductor & Produ	uction)			
Formation	Content	Casing	Size		Setting Depth	Pulled Ou	t		
cement or other plugs were u	sed, state the character of	same depth placed from (bot	tom), to (top) for each	n plug set.				
Plugging Contractor License #	#:		Name: _						
Address 1:			Address	2:					
City:				State:		Zip:	+		
Phone: ()				-					
Name of Party Responsible for	or Plugging Fees:								
State of	County, _			, ss.					
				Fm	ployee of Operator or	Operato	or on above-described well,		
	(Print Name)				r.5,55 or Operator Or	Operation	J. abovo dosombed well,		

Submitted Electronically

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and

6206284435

PULLING UNIT #1 [][0 2 2012 AMERICAN ENERGIES CORP. P O BOX 516, 136 N MAIN PHONE: 620-628-4424 FAX: 620-628-4435 **CANTON, KS. 67428** DATE JOB COMPLETED: 6-28-12 DATE JOB STARTED 6-25-/2 WELL# LEASE: Uhruh COUNTY MAC Perforating Well Frac Well Acidizina Workover Squeeze Job WORK PERFORMED: (Please circle appropriate job) Size & Type of Replacement_ Rod Part: Pump Change: Kind of Break Rod Break-Number of jts, Down____ New: Rebuilt Size of pump **Tubing Failure:** Size & Type of Replacement___ Kind of Break__ Tubing leak-Number of Jts Down__ or Used . Replaced with New Plugging Well Please Complete Information Type of Cement used: Ticket number: 27-39783/ Number of Sacks coment at feet Number of Sacks cement at Cementing Company: Corenno feet Number of Sacks cement at Date Plugging Completed: feet Number of Sacks cement at State Plugging Agent:____ Total Number of Sacks of Cement 350 Description of Work Performed: bottom plug-Loa pumped 170 sacks of coment down Brades head + surface SOXI" cape land set up toumpted a total of 350 +clean up. -shut down. er yd. = Junk Took Fiber glass tubing to Run in Well: Joints Feet Size <u>Equipment</u> Pulled from Well: Joints Feet Size Packer Anchor Polished Rod Rods Rods 10' Rod Subs 10 Pump Tubing 10' Tubing Subs 10'

	<u>Services</u>	Hours	<u>Per Hour</u>	Amount
Signed Paul P	Unit and Power Tools Road Time - Per hour Supervisor time Material Transfer Swab Cups Date: 6-18-7-2	1512	\$175.00 \$175.00 \$40.00 Sales Tax Total Due	

Barrel Mud Anchor

To:2631851

Invoice

Page:1/6

Page: 1

COPELAND

Acid & Cement

POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

BURRTON, KS . GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536 INVOICE NUMBER: C39786-IN

BILL TO:

AMERICAN ENERGIES CORP. P.O. BOX 516 **CANTON, KS 67428**

LEASE: UNRUH #3

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE C	RDER	SPECIAL INSTRUCTIONS NET 30		
DATE 06/30/2012	C39786	OALLOW	06/28/2012					
QUANTITY	U/M ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION		
·	 	OF MENT AND FA	GE PUMP TRUCK		00,0	4.00	240.00	
60.00	MI				0.00	2.00	120.00	
60.00	MI	CEMENT MILEA	GE PU TRUCK				650.00	
1,00	EA	CEMENT PUMP	CHARGE		0.00	650.00		
350.00	SAX	60-40 POZ MIX	2% GEL		0.00	9,25	3,237.50	
7,00	SAX	2% ADDITIONA	L GEL		0,00	22.00	154.00	
	EA	BULK CHARGE	:		0.00	1.25	446.25	
357.00	1	BULK TRUCK -			0.00	1.10	1,037.30	
943.00	MI	BOEK MOON						
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REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: MCPCO Sales Tax:		5,885.0		
						5,932.l		
_		MILEAGE, POP				Invoice Total:	9,732.	
RECEIVED BY			NET 30 DAYS					

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Greasel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code

Acid Biage No.



TREATMENT REPORT

la	, / ₁	13	<u> </u>	39723	Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand Skdown
mu @ 2 1	A DIA	trict	7.0	1-2018L	Bbi. /GAL
COMPANY	MERL	TIME TO	NEUSIES		Bol. /Gal.
Well Name & N	vo	*.M	And the second		abi, /Gal
Location			Field	en	Flush Bbl. /Cal.
Lounty	Whers).pd	State	<u> </u>	Treated fromft. toft. No. ft.
	6				tromtt tott No. th
Casing: Size	3	Type & Wt		Set atfL	fromtt. tott. No. It.
Pormation:			Perf	to	
Formation:		France	Perf		Actual Volume of Oll/Water to Load Hole:
Formation	***************************************	(j-4++++++++++++++++++++++++++++++++++++		BDBD	Pump Trucks. No. Used: Bid
Liner: Size	Type & Wi	4.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Top atft	, Bottom #1tt.	Auxiliary Equipment
Çemi	ented: Yes/No.	Perforated fro	om	K. toK.	
Tabing: Uise 🌢	. Wt	4631-141172211742812-4442	Bwung at		Auxiliary Tools
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Company F	Representative				
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!					1 Tales # 39786 6/20/12
			ļ		1 110 So 1 180M KODE
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and the problem of		• - •			
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FIELD ORDER Nº C

BOX 438 . HAYSVILLE, KANSAS 67060

		316-524-122		L. L.	
		/	DATE_	<u> </u>	20
JTHORIZ	ZED BY: 🏄	SM (N) A MANAGE OF CUSTO	nuchi		
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ollows: 1	Lease	RUT Well No.	See Lond	Customer Order No	
Twp. je		County AA		State	het lag
be held li d, and no lent is pay	able for any dam representations l vable. There will postment in acco	onsideration hereof it is agreed that Copeland Acid Servings that may accrue in connection with said service or the team relied on, as to what may be the results or effice no discount allowed subsequent to such date. 6% interdance with latest published price schedules. immedit to be duly authorized to sign this order for well or	reatment. Copeland a act of the servicing of arest will be charged a	at at owners risk, the hereinbef Acid Service has made no rep r treating said well. The consid	ore mentioned well ar resentation, expresse leration of said servic
	JST BE SIGNED IS COMMENCED_		B)	/ ₋	
	T	Well Owner or Operator		Agen UNIT	
CODE	QUANTITY	DESCRIPTION	ON	COST	AMOUNT
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	23.7	Bulk Charge		1/15	111/20
		Bulk Truck Miles / 7/ 7/ 62 = 6	An Ares		10273
			Gallons		***
~ -	1	Process License Fee on			
				L BILLING	1 2 1 2 1
l certify manner	that the abov	a material has been accepted and used; that action, supervision and control of the owner,	the above service operator or his ag	e was performed in a go- jent, whose signature ap	od and workmanl pears below.
Copelan	d Representati	/e	فعد	4	
·	•	and the second	عد المام	er grader 🕥	
		1-4-1		Well Owner, Operator or Agent	·
Station_					